The salvage procedure was well tolerated by the patients with minimal side effects. No major complications were found in our patients (rectal injury, fistula, incontinence of urine, epididymo-orchitis). 1 patient developed urethral stricture and required optical internal urethrotomy/ TURP.

Conclusion: Our early clinical results show the feasibility and good tolerance of salvage HIFU as a management option after primary treatment of prostate cancer with HIFU. Oncological outcomes are satisfactory. No major side effects were noted. Currently there are very few, if any, clinical trials globally, that have studied HIFU as a salvage treatment option after primary HIFU for localized prostate cancer. Larger prospective studies with longer follow-up are needed to confirm our initial results.

NDP030:
COMPLETE RESECTION OF GREAT VESSELS INVOLVED AND RENAL PEDICLE ENCASED PHEOCHROMOCYTOMA AND HUGE ADRENOCORTICAL TUMOR WITH RENAL PRESERVATION

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Purpose: The management of great vessels involved and renal pedicle encaed pheochromocytoma or retroperitoneal tumor without sacrifice of kidney was a challenge for urologist. We describe our strategies for complete resection of challenging retroperitoneal tumor with renal preservation.

Materials and Methods: Data were collected retrospectively from a series of 5 patients who, from 2014 to 2016, underwent complete resection with renal preservation by interdisciplinary team comprised of urologists, GS and CVS surgeons.

Results: Among the tumors of 5 cases, there were two cases with hypertensive crisis, two cases with renal pedicles encasement, one case of adrenocortical tumor with diameter around 17cm, and one case with recurrent malignant pheochromocytoma post repeat resection and radiotherapy. Peri-operative preparation included: angiography with embolization, insertion of ureter stent and great vessel graft. Laparoscopy surgery was undertaken in one case and the rest were by open surgery. In addition to complete resection, the kidney were all preserved without nephrectomy. There was no peri-operative or post-operative complication and all patients are disease-free to date.

Conclusion: By multidisciplinary cooperation, complete and safe resection of great vessels involved and renal pedicle encaed pheochromocytoma tumor or retroperitoneal tumor with preservation of kidney is feasible.

NDP031:
ROBOT-ASSISTED LAPAROSCOPIC PARTIAL CYSTECTOMY FOR BLADDER MALIGNANCY

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Purpose: To present our experience of robot-assisted laparoscopic partial cystectomy (RALPC) as a treatment modality in patients with bladder malignancy.

Material and Methods: Between September 2010 to September 2015, four patients (mean age: 57.3 years, range 40–71); three isolated bladder dome mass lesions, one diverticular mass; proved as usual bladder malignancy who received RALPC with bilateral pelvic lymphadenectomy at our hospital.

Results: All operations were completed successfully without complication or open conversion. Mean (range) operative time was 252 (170–330) min, mean console time 137 (50–220) min, estimated blood loss was 75 (50–100) ml, duration of Foley catheterization was 14.5 (11–16) days, length of hospital stay was 6.5 (5–7) days. The pathologic entities included two urachal adenocarcinoma; one urachal urothelial carcinoma (UC); one bladder diverticular squamous cell carcinoma (SCC). Surgical margin were negative except one urachal UC with extravesical invasion and lymph node metastasis. All patients received concurrent chemoradiotherapy (CCRT) because of beyond muscle invasive disease. No local recurrence during the short-term follow-up currently (longest follow up time: 66 months).

Conclusion: RALPC is a feasible and safe procedure which combines the advantages of minimally invasive surgery, organ preservation and effectiveness of cancer control, which can be an alternative treatment for bladder malignancy.

Oncology
NDP032:
PURE LAPAROSCOPIC NEPHROURETERECTOMY AND BLADDER CUFF EXCISION: CMUH EXPERIENCE

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Purpose: To describe pure laparoscopic nephroureterectomy and bladder cuff excision in the patients with upper urinary tract urothelial carcinoma (UC).

Materials and Methods: Between January 2014 to March 2016, 26 patients with upper urinary UC were managed by pure laparoscopic nephroureterectomy and bladder cuff excision. The renal pedicle was clipped early. The kidney was freed. The ureter was dissected down to the vesico-ureteral junction. The intramural part of the ureter was dissected under vision and sharply freed from the surrounding detrusor muscle of the bladder until the level of the ureteric orifice. Then the detrusor muscle was further dissected away from the underneath bladder mucosa. Thus, a bladder cuff of mucosa-only could be excised. A continuous laparoscopic suture was taken at the edge of the dissected mucosa and the cuff which was excised. The intaoperative and postoperative outcomes were recorded and results of the short-term follow-up were evaluated.

Results: All the procedures were completed by laparoscopy. The mean operative time was 252 min. The mean blood loss was 152 ml. There were no major complications. The median follow-up was 6.3 months. During follow-up, no patient developed recurrence in the renal bed. There was also no pelvic recurrences. Four patients (15.4%) developed papillary bladder tumors.

Conclusion: The pure laparoscopic technique enabled complete LNU without opening of the pelvicicalcal system. Short-term follow-up showed the oncological safety of the procedure. The outcomes from more patients with a longer follow-up are required to confirm these preliminary findings.

NDP033:
CONCOMITANT TRANSRECTAL ULTRASOUND-GUIDED BIOPSY AND TRANSEXTRAL RESECTION OF PROSTATE IN PATIENTS WITH URINARY RETENTION AND ELEVATED PROSTATE-SPECIFIC ANTIGEN

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Purpose: To determine whether concomitant transrectal ultrasound (TRUS)-guided biopsy and transurethral resection of prostate (TURP) is viable in patients with urinary retention and elevated PSA (≥ 4 ng/ml) undergoing concomitant TRUS-guided biopsy and TURP. The medical records were evaluated retrospectively, and data including PSA, prostate volume, TURP results, TRUS-guided biopsy results, length of hospitalization and complications were collected. These patients were then compared with 40 patients with urinary retention who underwent TURP alone.